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Newsletter Spotlight



Deployed Navy Licensed Clinical Social Worker, LT Valerie Chapmon observes field perimeter sweeps and training excises

More on page 9!

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FROM THE MSC DIRECTOR



Leaders:

This month we start our four-part series that will discuss the Surgeon General's "4Ps" (People, Platforms, Performance, and Power) in the context of what the Medical Service Corps is doing to meet the expectations within each priority. As you recall, the "4Ps" establish a framework for Navy Medicine to accomplish its mission: *Navy Medicine provides well-trained medical experts, operating as high performance teams to project medical power in support of Naval Superiority.*

Navy Medicine's first priority is its "People," our greatest strength regardless of uniform, rank, or grade. To achieve this priority's end state of ensuring our military and civilian medical forces are organized, trained, and equipped to support the integrated Naval force, Navy Medicine has developed an enterprise-wide Human Capital Strategy (HCS). In addition, it is realigning its professional education system to meet force requirements while being a leader in the Navy's Culture of Excellence.



Navy Medicine published its 2020-2025 HCS earlier this year. It provides a high-level pathway for Navy Medicine to ensure we have the proper force to meet future requirements while ensuring aligned enabling actions, such as recruiting, retention, and training and development. MSC leaders are very much involved in BUMED's follow-on actions that will implement this strategy over time, including defining what will be required to ensure our MSCs are manned, trained, and professionally developed to meet future requirements. While we work towards our future, we focus on our current priority – 3,100 active and Reserve MSCs. This is done in collaboration with our Specialty Leaders, PERS, and others to ensure our accession pipelines; retention efforts; and training, development, and leadership opportunities are optimized to ensure individual success and a healthy Corps for years to come. In addition, of course, we continue to focus on personal officer development through our CDB program.

To ensure our people have the skills they need to exceed, Navy Medicine is realigning its professional education system to ensure the proper infrastructure and coursework are in place to meet the needs of our overall mission. This realignment includes the development of a new operationally-focused leadership curriculum. From an MSC perspective, we see these efforts within our robust MSC-IPP Program and the Navy Medicine 101 Course for new officers after completion of ODS, to name a few examples. These programs ensure we have *well-trained medical experts, operating as high performance teams.*

(continued on next page)



FROM THE MSC DIRECTOR



In line with Navy's Culture of Excellence (CoE) approach that empowers the achievement of warfighting excellence, the SG recently signed his CoE policy statements to ensure Navy Medicine creates a culture that "Promotes Respect, Dignity, and Trust for Every Single Person, By Every Single Person." Within the MSC, our Diversity and Inclusion Working Group is developing specific lines of effort to enhance our ability to draw from the broadest possible pool of talent to solve the most demanding challenges and lead by example in setting a high standard for providing access to opportunity across our Corps.

In closing, I am incredibly proud of all the work done across the MSC enterprise to support our "People" priority. While there is still work ahead, it's clear that these efforts are meeting the mark in developing leaders who are ready to project *medical power in support of Naval Superiority*. One only has to look at our recent and successful MSC-IPP and Command and Milestone slating results.

The next priority we will discuss is "Platforms." As always, I remain grateful for your leadership, hard work, and dedication. I wish you all a safe and Happy Holiday Season!



Save the Date

16 December 2021 from 1030-1130 EST — MSC Live Event with RDML Weber on DoD365 Teams
There will be a Q&A at the conclusion of the event. Please submit questions in advance to LT Mollema at kevin.g.mollema.mil@mail.mil NLT COB on 6 December 2021.

FROM THE CORPS CHIEF'S OFFICE

CONGRATULATIONS! Fiscal Year (FY) 2022 Commanding Officer

BUMED Action Memo
Date 10/13/2021

[Pages - Executive Medicine](#)
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U.S. Navy Medicine Readiness and Training Command Guantanamo Bay	CAPT Richard Zeber, MSC
Navy Medicine Readiness and Training Command Beaufort	CAPT Chad Roe, MSC
Navy Medicine Readiness and Training Command New England	CAPT Kristin Hodapp, MSC
2nd Medical Battalion	CAPT(s) Dean Goad, MSC
3rd Medical Battalion	CAPT Justin Logan, MSC
Expeditionary Medical Facility Alpha (Camp Pendleton)	CAPT Jerry Bailey, MSC
Expeditionary Medical Facility Kilo (Camp Lejeune)	CAPT Darryl Arfsten, MSC
Expeditionary Medical Facility Mike (Jacksonville)	CAPT Randy Panke, MSC
Field Medical Training Battalion East	CAPT Jeffrey Repass, MSC
Field Medical Training Battalion West	CAPT William Plummer, MSC
Navy Expeditionary Medical Support Command	CDR Matthew Marcinkiewicz, MSC
Navy Drug Screening Laboratory Jacksonville	CDR Hak Auth, MSC
Naval Submarine Medical Research Laboratory	CAPT Matthew Jamerson, MSC

FROM THE CORPS CHIEF'S OFFICE

CONGRATULATIONS! Fiscal Year (FY) 2022 Executive Officer

BUMED Action Memo
Date 10/13/2021

[Pages - Executive Medicine](#)
[\(navy.mil\)](#)



U.S. Navy Medicine Readiness and Training Command Okinawa	CAPT Leah Geislinger, MSC
U.S. Navy Medicine Readiness and Training Command Guantanamo Bay	CAPT Rona Green, MSC
Navy Medicine Readiness and Training Command Annapolis	CAPT Leslie Hair, MSC
Navy Medicine Readiness and Training Command Corpus Christi	CAPT(s) Nichole Olson, MSC
Navy Medicine Readiness and Training Command Oak Harbor	CAPT Michael Grande, MSC
2nd Medical Battalion	CDR James Nogle, MSC
Expeditionary Medical Facility Bravo (San Diego)	CAPT David Burke, MSC
Expeditionary Medical Facility Kilo (Camp Lejeune)	CAPT Edward Owens, MSC
Field Medical Training Battalion East	CDR Prasad Diwadkar, MSC
Navy Expeditionary Medical Support Command	CDR Christopher Barnes, MSC
Navy Drug Screening Laboratory Jacksonville	LCDR Katherine Dozier, MSC
Naval Health Research Center	CAPT Kellie McMullen, MSC
Naval Medical Research Unit 3	CDR Nicholas Martin, MSC
Naval Medical Research Unit 6	CDR Michael Prouty, MSC

FROM THE CORPS CHIEF'S OFFICE

CONGRATULATIONS!

Fiscal Year (FY) 2022 Director for Administration

BUMED Action Memo

Date 11/3/2021

[Pages - Executive Medicine
\(navy.mil\)](#)



Naval Medical Forces Pacific	CDR Eric Polonsky , MSC
Naval Medical Forces Support Command	CDR Diana Garcia, MSC
Walter Reed National Military Medical Center	CAPT(s) David Lang, MSC
Fort Belvoir Community Hospital	CDR Brandon Williams, MSC
U.S. Navy Medicine Readiness and Training Command Yokosuka	CDR Dario Morgan, MSC
U.S. Navy Medicine Readiness and Training Command Naples	CDR(s) Shawn Morris, MSC
U.S. Navy Medicine Readiness and Training Command Sigonella	CDR Joseph Fromknecht, MSC
Navy Medicine Readiness and Training Command Bremerton	CDR Maria Edusada, MSC
Navy Medicine Readiness and Training Command Annapolis	CDR Kevin Lyle, MSC
Navy Medicine Readiness and Training Command Quantico	LCDR Dawn Walker, MSC
Navy Medicine Readiness and Training Command Pensacola	CDR William Bennett, MSC
Navy Medicine Readiness and Training Command Beaufort	LCDR Temitope Ayeni, MSC
Navy Medicine Readiness and Training Command Charleston	CDR James Lager, MSC
USNS MERCY (T-AH-19)	LCDR Jaypee Punzal, MSC
3rd Dental Battalion/Naval Dental Center	LCDR David Varney, MSC
Naval Health Research Center	LCDR Enkeleida Mabry, MSC
Naval Medical Leader and Professional Development Command	LCDR Joseph LaBarbera, MSC
Naval Medical Research Center	LCDR Carolyn Hine, MSC
Naval Medical Training Support Command	CDR Felecia McClellan, MSC
Naval Medical Research Unit 3	LCDR John North, MSC
Naval Medical Research Unit 6	LCDR Shellita Green, MSC

FROM THE CORPS CHIEF'S OFFICE

CONGRATULATIONS! Fiscal Year (FY) 2022 Officer-in-Charge

BUMED Action Memo
Date 11/3/2021

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Naval Medical Logistics Command	CDR Roderick Davis, MSC
Naval Survival Training Institute	CAPT(s) William Scheeler, MSC
Naval Dosimetry Center	CDR Jeffrey Delzer, MSC
Navy Environmental Preventive Medicine Unit 7	CDR Chad Yasuda, MSC
Navy Medicine Readiness and Training Unit Joint Reserve Base Fort Worth	CDR Monique Gourdine- Shaw, MSC
Navy Medicine Readiness and Training Unit Marine Corps Recruit Depot San Diego	CDR George Sterns, MSC
Navy Medicine Readiness and Training Unit Meridian	CDR Edward Brinston, MSC
Navy Medicine Readiness and Training Unit Naval Air Station Whiting Field	CDR Allison Bennett, MSC
Navy Medicine Readiness and Training Unit Naval Surface Warfare Center Dahlgren	LCDR Kristoffer Reyes, MSC
Naval Sea Systems Command Detachment Radiological Affairs Support Office	LCDR Jake Lehman, MSC

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kevin.g.mollema.mil@mail.mil NLT COB on 6 December 2021.

FROM THE CORPS CHIEF'S OFFICE

HAIL AND FAREWELL

RESERVE AFFAIRS OFFICER, MEDICAL SERVICE CORPS
FAREWELL

CAPT KATHERINE T. ORMSBEE

HAIL

CAPT DAVID J. FABRIZIO

*****HOLIDAY PHOTO SUBMISSION*****

THE DECEMBER RUDDER WILL BE OUR HOLIDAY EDITION. HOLIDAY PHOTOS SHOULD BE SUBMITTED TO LT MOLLEMA (KEVIN.G.MOLLEMA.MIL@NAVY.MIL) NLT 15 DECEMBER. FOR EACH PHOTO PLEASE SUBMIT A CAPTION (SEE EXAMPLE BELOW).

EXAMPLE:

FALLS CHURCH, VA – BUMED MEDICAL SERVICE CORPS HOLIDAY PHOTO. (L-R) LT ALLAN SMITH, HCA, CAPT ROB WHITE, POMI, LTJG WILL BANKS, INDUSTRIAL HEALTH OFFICER, CDR ROB JACKSON, ENVIRONMENTAL HEALTH OFFICER.

*****HELP WANTED*****

THE RUDDER EDITING TEAM IS LOOKING FOR ITS NEXT EDITOR-IN-CHIEF. FOR MORE DETAILS, INTERESTED MEMBERS SHOULD CONTACT LT MOLLEMA AT:

KEVIN.G.MOLLEMA.MIL@MAIL.MIL



Medical Assignments Link:
[Medical Assignments](#)
([navy.mil](#))

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NOTE: The MSC downstream is not being published at this time. Please contact your Detailer if you are within your negotiating window.

FROM THE DETAILERS

ADDITIONAL QUALIFICATION DESIGNATIONS (AQDs)

Reference: Manual of Navy Officer Manpower and Personnel Classifications Volume I, Major Code Structures NAVPERS 1589I, October 2021, Part D and can be viewed at: <https://www.mynavyhr.navy.mil/References/NOOCS-Manual/>

Detailers award MOST AQDs. (unique circumstances listed below procedures)

Procedures:

1. Officer requesting AQD sends email to detailer with:
 - Three character AQD code
 - Attaches description of AQD requirements from above AQD source
 - Attaches required qualifying AQD supporting documentation
2. Detailer: verifies and enters AQD
3. Detailer: If requirements not met, detailer emails officer rationale
4. Officer: validates AQD record entry after 1-2 weeks
5. Officer: contacts detailer regarding questions/concerns

AQDs validated by external source prior to detailer entry:

- Executive Medicine (67A) and Managed Care Coordinator (67G) are awarded by the detailer upon notification from NMETC that all competencies of the Joint Medical Executive Skills Development Program have been met. POC is Mr. Clinton Garrett at: clinton.a.garrett.civ@mail.mil

- Global Health Specialist (68M) is awarded by the detailer upon notification from BUMED Office of Global Health Engagement that all requirements have been met. POC is LCDR Vishwesh Mokashi at: vishwesh.p.mokashi.mil@mail.mil

AQDs not entered by Detailer:

- Joint Service AQDs, including Joint Professional Military Education, GSAs are managed by Joint Matters (PERS-45J): <https://www.mynavyhr.navy.mil/Career-Management/Detailing/Officer/Joint/>

SPECIALTY SPOTLIGHT

SOCIAL WORK

BY: CDR BRIAN PYLE, MSC, USN

The year was 1980 and Navy medical facilities across the USA were facing a need for professionals to help growing numbers of post-Vietnam service members and medical retirees better navigate around barriers to successful treatment and discharge plans. Until then, much of medical case management, non-medical counseling and support to members and their dependents was delivered by the American Red Cross, Chaplains, and other non-privileged practice professionals.

In June of 1980, that was all about to change for the Navy, as the first twelve uniformed LCSWs were commissioned into the Medical Service Corps to augment the care delivered at the military hospitals - adding the unique contributions to military patient rapport and treatment that seemed to come from a caring clinician who is also wearing the uniform.

It was an endeavor that proved to be fortuitous as the Navy social worker evolved to play key roles in the eventual development of Navy operational and embedded mental health (EMH) billets. These officers would be relied upon to perform duties associated with the roll out of toughness mindsets, operational stress control, resilience programming and waterfront mental health – the front lines of psychological readiness today.

For decades, Navy Social Work had a small but steady cohort of these master's level



October 26, 2021. Navy LCSW, LT Liz Conley conducts Suicide Prevention brief for Marines from 3rd Battalion, 6th Marine Regiment deployed to Fort Pickett with the 26 MEU.

providers working at the hospitals. Then in 1994, as the Navy re-aligned the Family Advocacy Program to the Commander Navy Installations Command (CNIC), Navy social work “split” their billets into serving either the BSO-18 (Navy Medicine) and CNIC billets ; an endeavor that further fueled the “jack of all trades” reputation that the Navy social worker earned with their duty assignments as diverse as working in Fleet and Family Support Centers, case management, mental health clinics, and medical care discharge planning.

However, over the past 50 years, since established as a uniformed specialty, the practice of social work has matured and now the scope of clinical practice focuses now

on mental health. This transition led to the requirements of social workers in the Navy to have their “clinical practice license” a credential focused on the delivery of licensed clinical social work (LCSW) and no longer just generalist practice.

Thus, a Navy LCSW is a specialized social worker in clinical care and mental health - and is the only version of social work offered a commission across the DoD. Possessing the LCSW license is a Navy requirement in the specialty's program authorization.

Per the National Association of Social Workers (NASW) - the discipline's largest membership organization...

(continued on next page)

“Navy Social Work officer evolved to play key roles in the eventual development of Navy operational and embedded mental health billets.”

Subspecialty Code:
1870

End Strength : 94
OCONUS: 30
USMC: 5
DUINS: 5
Reserve Billets: 0



SPECIALTY SPOTLIGHT

SOCIAL WORK

BY: CDR BRIAN PYLE, MSC, USN



Navy LCSW, LT Valerie Chapmon (standing left) observes field perimeter sweeps and TPIT training excises as part of her March -August 2021 deployment in support of personnel with Naval Mobile Construction Battalion ELEVEN. (April 2021)

“Clinical social work is a specialty practice area of social work which focuses on the assessment, diagnosis, treatment, and prevention of mental illness, emotional, and other behavioral disturbances. Individual, group and family therapy are common treatment modalities. Social workers who provide these services are required to be licensed or certified at the [independent practice] clinical level in their state of practice.” LCSWs now make up the largest group of licensed professionals delivering behavioral health care in the United States (source: NASW).

The primary responsibility of the Navy social worker is to optimize the psychological readiness of every warfighter and operational unit by delivering effective mental health intervention, timely confidential care, prevention education and resilience support.

As licensed independent practitioners (LIP)s, LCSWs are capable of delivering behavioral health care independent of direct supervision. This is a critical capability for the care and support delivered in austere and remote settings where confidence in the competence of the mental health officer - along with the critical time sensitive nature of determining fitness - can truly impact the mission of the fighting forces.

LCSWs practice toward a scope of care that involves key deliverables for the Navy, Marine Corps, and the Joint Forces:

- Deliver evaluation, diagnosis, treatment, and dispositions of warfighters and beneficiaries experiencing behavioral health and substance misuse disorders
- Perform outpatient Command directed mental health evaluations IAW DoDI 6490.04, March 2013.

- Serve to initiate mental health related Medical Evaluation Boards, Limited Duty periods and AD-SEPs for conditions not amounting to a [ratable] disability.
- Lead on providing non-medical mental health counseling support as well as psychological education to individuals and groups on topics to include stress or anger management, suicide intervention and prevention and the full range of healthy habits that improve personal functioning.
- Take point on command consultations and unit mental health needs assessments.
- Offer LIP-level support to disaster mental health and Navy SPRINT teams.
- Supervise both privileged and non-privileged behavioral health staff in settings as diverse as SARP and MH clinics, fleet medical, and embedded mental health.

In the 2010's, LCSWs were gained by some of the USMC Operational Stress Control and Readiness (OSCAR) programs as a MH LIPs capable of delivering both non-medical and medical level psychological services in deployed settings. LCSWs have served as individual augmentments on humanitarian deployments of the USNS Mercy, as support to augment psychological teams on carriers and amphibious ships, and even as a mobile capability across wartime Afghanistan, Iraq, and Syria.

In 2016 Navy social work stood up the first of what became 9 additional LCSW EMH billets with the Navy Expeditionary Combat Command (NECC); LCSW's assigned as embedded mental health (EMH) providers...

(continued on next page)

SPECIALTY SPOTLIGHT

SOCIAL WORK

BY: CDR BRIAN PYLE, MSC, USN

to practice at the echelon IV/V levels across the Explosive Ordnance Disposal (EOD) teams, the Navy Construction Battalions (NCB), and what are now the Maritime Expeditionary Security Forces (MESF).

Across the United States, the current competition for capable mental health professionals is at an all-time high; with the competition for a fully qualified independent practice level LCSW also as tough as ever. Navy Social Work recruits on average 4-8 fully trained direct accessions from the larger civilian community, some of whom may have recently completed their post Masters supervised practice; but many more are seasoned experts in their own right. What prompts an already well established, practicing LCSW professional to seek and accept a commission into the Navy? While the answers are as diverse as are the officers themselves, some uniting themes include serving something much greater than oneself, supporting and defending American ideals, and ensuring those who serve have someone also in uniform who is

ALSO ready, willing, and capable of keeping them “fit to fight.”

Navy Social Work is also authorized to bring in 2-3 MSC-IPP post masters “fellows” who use 2 year clinical fellowships at either our San Diego or Portsmouth training sites in order to earn supervised hours toward securing their independent practice license.

Presently, the Navy Clinical Social Work specialty has 94 billets: 84 are fully privileged / ready to practice officer billets and seven (7) training billets. There are currently 67 working in BSO-18 (Navy Medicine) billets and 24 serving across others to include in the USMC, the Fleet Forces, and with CNIC.

The locations of LCSW billets are as diverse as Diego Garcia, Guantanamo Bay, Guam, Sigonella, Japan and the waterfront supports in Rota, Bahrain, and Yokosuka. We also serve in EDIS clinics across Japan and deliver health psychology interventions in

primary care settings. We deploy in support of requests to augment the psychological support teams on carriers and amphibys, in support of COVID-19 mitigations, and in support of Navy humanitarian missions.

Finally, in addition to delivery of care in mental health clinics, SARP settings or EMH billets, the Navy LCSWs offers clinical acumen to the full spectrum of Navy’s effort to support to the psychological readiness of the operational forces to include:

Caregiver Occupational Stress Control (CgOSC) which are interventions supporting the prevention of stress related caregiver injury and illness, and supporting their ability to render safe, quality patient care.

Mind Body Mental Fitness (MBMF) interventions that promote daily practice of simple, evidence based, mind-body skills.

Expanded Operational Stress Control (E-OSC) efforts to directly engage the fighting forces and their leaders to build toughness, preserve resilience, enhance cohesion, and mitigate risks to improve mission readiness.

Special Psychiatric Response Intervention Teams (SPRINT) provide on-site, short-term mental health support immediately after operational mishaps and critical events involving loss of lives when local mental health resources are overwhelmed or do not exist.

Sailor Resilience Centers: Inaugurated on the waterfront in Rota, Spain; these are locations that use EMH flexibility as well as virtual mental health for shore to ship services for deployed units wherever they operate around the globe.



Navy LCSW, CDR Danyell Brenner facilitates the oath of (re)enlistment to HM2 (SW/AW) Quigley, Andrew aboard an MH 60 assigned to HSC-12.

HRO IN ACTION

SOCIAL WORK

BY: LT NIKIMA LOURERIO, MSC, USN

CONTRIBUTOR: CDR BRIAN PYLE, MSC, USN

FOR THE MSC HIGH RELIABILITY ORGANIZATIONS (HRO) STRATEGIC GOALS GROUP



LT Grant Greenberg, MSC, USN

Amid the strain and stress caused by a world-wide pandemic, Navy Clinical Social Work answered the call to support the Navy's mission and its care for the warfighter. From December 2020 to July 2021, LT Grant D. Greenberg, Medical Service Corps (MSC) voluntarily deployed on the USS Dwight D. Eisenhower (CVN 69) to augment the team in place and separately helm a Fleet Forces Atlantic Behavioral Health Technician (BHT) pilot program in support of the 7000 sailors across Carrier Strike Group THREE. LT Greenberg embodied High Reliability Organization (HRO) principles while serving as this BHT pilot manager. By utilizing the HRO principles, his MSC leadership skills, as well as the acumen of a Licensed Independent Provider, LT Greenberg supervised, evaluated, and reported on an unprecedented roll out of BHTs; efforts that improved overall readiness and resiliency of deployed personnel.

Preoccupation with Failure: When the *always fit to fight* mindset of the personnel was challenged by an increased operational tempo and enduring COVID-19 restrictions, LT Greenberg understood that any new program, however well intentioned, could have unintended consequences and impaired effectiveness if an attention to potential failure points wasn't in place. With unyielding monitoring of the competencies and impact of the BHTs, he reduced the risk inherent in the care and dispositioning of military personnel in a high operations environment; leading to initiatives that caught gapped care, boosted morale, as well as eliminated some unplanned losses to personnel, to critical duty days, and to the overall unit cohesion.

Reluctance to Simplify: The intricate nature of mental health requires constant vigilance, updated training, and effective delivery of care. LT Greenberg consistently observed, reflected, and adapted in order to implement new processes and treatments for the variety of attached personnel. At times, travel was needed to other ships within the strike group to render in-depth support and supervision. These adaptations and strategies were key to addressing the complex problem of managing the mental health needs of the Sailors and his BHTs.

Sensitivity to Operations: The delivery of mental health support and guidance to any Carrier Strike Group is a 24/7 job. A recognized expert in trauma-informed psychotherapy, LT Greenberg evaluated points of care, distributed insights, and provided feedback and guidance on the different challenges and potential pitfalls to best inform all his BHTs and the leadership teams of Carrier Strike Group.

Commitment to Resilience: Clinicians can never predict what the next mental health concern or crisis will be; every day is different and requires attentiveness and a complex, tailored approach. He was able to appropriately triage cases, keep the BHTs on task, and acquire necessary information for leadership while maintaining a calm and professional demeanor. As the program manager, he worked closely with and advised multidisciplinary teams such as ship's Psychological Support Team, the Independent Duty Corpsmen and Command Triads; continuously providing cross-functional collaboration to accomplish the mission and support the crews.

Deference to Expertise: LT Greenberg routinely deferred to a broad spectrum of available expertise; from the deck plate observations of the BHT personnel themselves, to the wisdom of the Force Psychologist, as well as to published guidance available such as in the Psychological Health Centers of Excellence "Healthcare Provider's Practice Guide for the Utilization of Behavioral Health Technicians." By continuously engaging the ship's assigned clinical psychologists and force medical teams LT Greenberg also ensured that the initiative was well known, well supported, and more effective.

LT Greenberg's focused use of HRO principles enabled the development of multiple BHTs to become better force multipliers of readiness in the fight, and it also contributed to a detailed after action report for NAVMEDFORLANT to help USFF better understand, inform, and motivate new efforts at targeting a more resilient force. The decrease in unplanned losses is a testament to effectiveness of using HRO principles while growing the impact of supervised BHT care to Carrier Strike Group THREE.

MSC Strategic Goal Groups Updates

High Reliability Organization

HRO In Action

The High Reliability Strategic Goal Group is searching for exceptional Junior and Senior MSC Officers who are positively impacting Navy Medicine by using High Reliability principles. Help us recognize our fellow MSCs that have made significant contributions to Medical Service Corps by either (1) demonstrating exceptional leadership within their Command or Specialty, (2) having a demonstrable impact on the Navy Medicine Mission and/or Warfighter Readiness, or (3) receiving civilian or military accolades for specific achievements. **HRO in**

Action nomination forms can be found on the HRO MILSUITE page <https://www.milsuite.mil/book/groups/navy-msc-high-reliability-organizations-hro>

For additional information and resources please visit the HRO Strategic Goal Group milSuite site:

<https://www.milsuite.mil/book/groups/navy-msc-high-reliability-organizations-hro>

If you have ideas that that would help us continue to progress our journey towards a Higher Reliability Navy Medicine, please contact LCDR Brian Desiderio at brian.desiderio@usmc.mil

Webinar Program

~ Access the Webinar Archive ~

[milSuite \(All Webinars\)](#) | [YouTube \(new webinars\)](#)

The Operational MSC: Naval Air Warfare Center
Aircraft Division (NAWCAD)

Aeromedical Support: [milSuite](#) | [YouTube](#)

Aerospace Optometry & Vision: [milSuite](#) | [YouTube](#)

Aero Physiology & Exp. Psych.: [milSuite](#) | [YouTube](#)

Featuring MSCs: LT Travis Doggett, LCDR Joe Geeseman,
LCDR Micah Kinney, CDR Brent Olde, and LCDR Kyle Shepard

~ FITREP & Board Preparation ~

O-2 & O-3 FITREPs are right around the corner! See below for some excellent resources on drafting your input and getting a good grasp of what selection boards are looking at & for.

FITREP Writing: [Part 1](#) & [Part 2](#)

[Reading the Board Convening Order](#)

[Record Management Overview](#)

[Selection Board Overview](#)

[ODC](#) | [OSR](#) | [PSR Part 1](#) | [PSR Part 2](#)

[DUINS Application Process](#)

Please contact adam.m.preston.mil@mail.mil if you are interested in joining our team or are interested in being interviewed for our Operational MSC Series!

Transition Tracking Team

DFA & OIC Roadmaps

At the request of the MSC Corps Chief, the TT SGG was tasked to thoroughly review current guidelines for two popular milestone positions – Director for Administration (DFA) and Officer in Charge (OIC). The SGG analyzed the current Navy Medicine milestone selection criteria, duties and responsibilities of each position, and opportunities throughout an Officer's career to gain the knowledge, skills, and abilities (KSA) for a successful DFA or OIC tour.

DFA/OIC Roadmap Overview

- DFA and OIC roadmaps are arranged by job experience, recommended collateral duties, education and training; similar to each specialty community roadmap's design.
- For ease in reading, the content is aligned by the typical rank in which the experience is achieved.
- All duties and experiences listed on the roadmaps demonstrate areas of responsibility recommended for DFA or OIC selection. This is a great overview for the aspiring Officer of the expectations of knowledge needed during a successful DFA or OIC tour.
- The OIC roadmap shows the need for a foundation of both clinical and admin experiences. No matter the MSC specialty, there are opportunities to gain KSAs of an OIC. Job experiences are shown not only in roles/positions by title, but also in the general experiences each Officer gains in their everyday career leadership roles.
- Keep in mind these are roadmaps of opportunity for professional development, not a checklist for selection or success!
 - Completing all job titles and duties noted on the roadmap does not guarantee screening/slating for these milestone billets.
 - The opposite is also true as not having experience in all of the areas on the roadmap does not mean that you cannot screen/slate for DFA or OIC.
 - Performance trumps these roadmaps in determining your success in a DFA or OIC tour!
- The roadmap is one of many tools in your toolbox to set you up for success.
 - Use it for opportunities for professional growth.
 - If you have a desire to become a DFA or OIC, talk with your CDB team, your DFA, or your specialty leader about it and plan for your own success.

GOOD LUCK!

ARTICLE OF INTEREST

MARINE ROTATIONAL FORCE – DARWIN OIC NOTE

BY: LT TONY FRYER, MSC, USN

Serving as a Medical Service Corps (MSC) Officer at 3d Medical Battalion, 3d Marine Logistic Group, I have been placed in primarily leadership or planning roles, as most Medical MSCs would find themselves at any of the Medical Battalions. Since my arrival at the Okinawa based Medical Battalion in summer 2019, I have served at the Company Command leadership level at the height of COVID-19 as well as served as the Medical Planner for Task-Force Safe-guard, the Island wide COVID-19 prevention and response cell. Once appointed as the Role 2 Officer in Charge (OIC), I found myself drawing on both of those significant experiences to plan and execute the Role 2 mission for Marine Rotational Forces-Darwin (MRF-D). Now that the deployment has successfully concluded, I wish to share an introduction and summary of my team's preparatory timeline, experience, and accomplishments so those who follow may draw upon our experience. I also wish to express my humbled honor to represent my command and lead the Role 2 for the tenth anniversary of MRF-D marking the largest number of participants in the rotation's history.

From 29 May to 7 October, the Role 2 deployed from 3d Medical Battalion in Okinawa, with a four person Forward Resuscitative Surgical System (FRSS) team from 1st Medical Battalion. In total, our team numbered 54 personnel comprised of 12 Naval Officers (six Nurse Corps, four Medical Corps, and two Medical Service Corps), 30 Corpsman, and 12 Marines (communications, utility, and motor-transport). The MRF-D Role 2 mission was to remain ready to take immediate action in response to crisis or contingency while conducting bilateral training and increasing interoperability that fortified the Australian-U.S. relationship.

The Medical Battalion center of gravity remains the surgical platoon and effectively deploying the surgical platoon for MRF-D required a commitment to team development beginning with the methodical planning and execution of pre-deployment training (Phase 1). Growth continued with prompt integration and careful joint planning rehearsals with all elements of the MRF-D Marine Air-Ground Task Force (MAGTF) (Phase 2). Finally, the professional operational execution of the full Role 2 to demonstrate that we remain a "ready to respond" and a "fight tonight" force with our Australian Defense Force (ADF) allies (Phase 3). Here in lies my professional focus and direct leadership identity for the last 10 months.



Bradshaw Field Training Area in Northern Territory, Australia. Site of MRF-D culminating event, combined live fire exercise Koolendong.

Phase 1 began in early February as the team from Okinawa began professional, skill, and team development training to execute a Marine Corps Combat Readiness Evaluation (MCCRE) in mid-March. For the MCCRE, the Role 2 was established in a building of opportunity in a "Combat Town" which simulated an unoccupied urban environment. Over the course of five days, the Role 2 was evaluated and formally assessed on the continuous ability to render full Health Service and Support (HSS) to include Damage Control Resuscitation (DCR), Damage Control Surgery (DCS), Pre/Post holding, En Route Care (ERC), and patient evacuation coordination. All who have ever participated in a MCCRE know that the 24 hours continuous evaluation is humbling and there are many latent and manifest lessons learned for strengthening the skill and cohesion of the surgical platoon, such was the case for my team and me. Post-MCCRE, from April to May my team entered a refinement training phase leading up to our deployment. As the OIC, I found the MCCRE and subsequent training experience crucial to expose and hone in on areas for improvement. We are made better as a team due to both formal and self evaluation.

Upon completion of the mandatory quarantine at Darwin, the Role 2 quickly began the execution of Phase 2. The team promptly assimilated with Combat Logistic Battalion-7 (CLB-7), which served as...

(continued on next page)

ARTICLE OF INTEREST

MARINE ROTATIONAL FORCE – DARWIN OIC NOTE

BY: LT TONY FRYER, MSC, USN

...the Logistic Command Element (LCE) of the MRF-D MAGTF. From late June to mid-August, we introduced, trained, and familiarized the LCE leadership on the Role 2 capabilities and employment. The Role 2 operational planning included Medical Corps and Nurse Corps representatives from the Role 2 who conducted field site surveys for future exercise training areas. From these site surveys, the LCE was advised on best tactical placement of the Role 2 for the culminating event, exercise Koolendong. Continuous operational planning and rehearsal of concepts were held at the LCE and Command Element (CE) level whilst the Role 2 Senior Medical Officer (SMO) led the continuous COVID-19 vaccination efforts with the CE for the entire MRF-D MAGTF. Between the planning for both MRF-D exercises and force health protection, my team also volunteered in a number of Community Relation (COMREL) events.



Role 2 litter bearer team moving a patient delivered via Air Medical Evacuation (AME).

In addition to Role 2 efforts, the established Role 2 Communication Strategy (COMMSTRAT) remained actively captured photos and reflected in writing our unit's efforts. This team of both officers and enlisted of all ranks, recorded our endeavors in a three part force enhancement newsletter titled the Darwin Crew Review. The newsletters were shared with both participating Medical Battalions with the intent to remain very transparent in our experiences with those who will partake in the next rotation as well as draw on our experiences as their own respective future operations draw closer. Whilst remaining flexible in our operational planning, our team took advantage of an outstanding opportunity to support the ADF main battery Live Fire Exercise (LFE), Valhalla Sprint. Due to the established Role 2 internal dissemination of authority and command by negation culture, we were able to accept, plan for, and execute the tasking. I am very proud of the 10 person team we sent as a proof of concept for the Shock Team (STT) serving as the sole medical team on station for the six day operation.

For Phase 3, the entire Role 2 team deployed in mid-August for the MRF-D culminating event, the two week combined LFE, Koolendong. As the 10th anniversary, this exercise served as the largest in the rotation's history numbering 2,000+ personnel. This increase of personnel equated to increased risk of injury not only due to live fire but mass vehicle and personnel movement. My team promptly and impressively established the Role 2 and began leading internal training in preparation to render HSS as well as led capabilities briefs and Role 2 familiarization tours for both the USMC, ADF, and civilian air evacuation crews. Three days into the exercise, I was directed to promptly relocate the Role 2, all equipment, and personnel to an airfield for practical exercise control safety support. I was wildly pleased with my team's expeditious pack up with a minute's notice, movement, and safe re-establishment of the Role 2. This immediate response and safe movement emulated the concepts of "always ready" and "fight tonight" which provided for uninterrupted HSS for all participating personnel. The relocation to the airfield also allowed for increased training with our ADF medical counterparts from Close Health Battalion (CHB). We conducted a four day mass casualty interoperability training, which served invaluable in a combined medical capability in the event of an actual mass casualty.

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Questions or comments? Email us at usn.ncr.bumedfchva.list.msc-corps-chiefs-office@mail.mil.

ARTICLE OF INTEREST

MARINE ROTATIONAL FORCE – DARWIN OIC NOTE

BY: LT TONY FRYER, MSC, USN

Deploying for the 10th anniversary of MRF-D proved to be an important milestone for all who supported. The Role 2 came to Darwin, Australia with the objective to strengthen the Australian-U.S. alliance by improving our interoperability, our own unit's readiness, and being postured to respond to crisis or contingency throughout the region. The Role 2 met the objective. As the OIC, I am proud of the strengths of this unit to include a number of team accomplishments!

- Enhancement of MRF-D level of knowledge for Role 2 HSS capability, education and training for Major Subordinate Elements (MSEs), leading to an increased and more efficient planning and decision making process.
- Employment of a modified SST in support of ADF LFE Valhalla Sprint resulting in a successfully executed proof of concept supporting Expeditionary Advanced Based Operations (EABO).
- The team efficiently provided full Role 2 services to over 2,000 personnel during combined LFE Koolendong to include a complete relocation of the full Role 2 which demonstrated our capability to render uninterrupted expeditious and full services for the largest combined operation in the region.
- Increased medical interoperability training with the ADF medical counterparts of Close CHB cemented joint medical interoperability in the event of mass casualty during Koolendong.
- COVID-19 vaccination SHOTEXs were led, planned, and executed by our personnel resulting in increased force health preservation across the MRF-D MAGTF.
- The Role 2 accomplished 100% Fleet Marine Force Warfare qualified across all ranks, 14 enlisted personnel and nine officers extending to one Officer from the LCE and one Officer from the CE advancing professional qualification as a team!

I am grateful for the leadership opportunity and to all my Marines and Sailors who made this a successful and safe deployment! We strove to become better each day. We trusted in the foundation of teamwork. We remained flexible and took appropriate action as necessary to meet commander's intent. I am proud of our efforts in preparation and execution of MRF-D 21. I look forward to the great work of the MRF-D 22 Role 2 as they prepare to advance beyond the endeavors and accomplishments of MRF-D 21.



Nackeroo Airfield, Northern Territory, AUS. Pictured above: LTJG Katie Wachtler, Physician Assistant (PA) seen leading Valkyrie Program training while over seeing emergency whole blood fluid resuscitation training.

ARTICLE OF INTEREST

“I AM NAVY MEDICINE—LT DANIEL ST. CLAIR ”

BY: DOUGLAS H STUTZ, NHB/NMRTC BREMERTON PUBLIC AFFAIRS OFFICER



LT Daniel St. Clair, Mental Health division officer, Substance Abuse Rehabilitation Program (SARP) director, and clinical psychologist at NMRTC Bremerton.

It was through an internship that Navy Medicine Readiness and Training Command (NMRTC) Bremerton's junior officer of the quarter – and Medical Service Corps officer - began his Navy career.

Lt. Daniel St. Clair, from San Jose, Calif., had decided that his top choice for internship and residency in clinical psychology was at Naval Medical Center San Diego, which he completed in 2018. Being part of Navy Medicine also seemed to offer the most interesting prospects in his chosen field.

“The diversity of career opportunities within the Navy, [and a] chance to expose my family to a variety of cultures and experiences they would not necessarily receive otherwise,” said St. Clair, who graduated from Valley Christian High School in 2000, followed by Cal Poly State University, San Luis Obispo in 2006, with his Bachelor of Arts in Philosophy, and Master of Arts in Spiritual formation and Soul Care in 2011, M.A. in Psychology in 2015 and Psy.D (doctor of psychology) in Psychology in 2018 from Biola University.

Four years – and counting – later, St. Clair is Mental Health division officer, Substance Abuse Rehabilitation Program (SARP) director, and clinical psychologist at NMRTC Bremerton.

“I have always been interested in people. Interested in why they think or act in various ways. This was true in my own life. I wanted to better understand and makes sense of my own experience. I worked in social services for many years, wanted to have more tools to help those that were struggling. Felt I didn't or could help in ways they needed. Sought psychology as a profession to better understand the human condition and provide effective ways to help people heal and thrive in life,” St. Clair said.

St. Clair and NMRTC Bremerton's Mental Health department provide a wide array of behavioral health services, which includes around-the-clock individual and group consultation. Alongside with his leadership role, he also manages a panel of patients, and is responsible for sustaining the psychological resiliency and mental readiness of military members through the delivery of high-quality, evidence-based treatments.

In response to the global pandemic, St. Clair helped lead Mental Health and SARP on converting their care delivery model from 100 percent face-to-face to 93 percent virtual care through both telephonic and video-assisted modalities. The clinic was the first to author and execute a standard operating procedure that ensured the safe delivery of virtual care. Their lessons learned laid the groundwork for delivering video-assisted care across numerous ambulatory care clinics and throughout the Military Health System Puget Sound Market.

“We transitioned fairly quickly to virtual platforms that allowed us to maintain services. We had to learn (often by trial and error) what worked and what didn't in reaching patients through the virtual platform. Behavioral health is a highly relational service. Not being able to be in person was difficult. Much of what we do and understand is communicated through nonverbals. It was a learning curve for us as clinicians but also for our patients,” St. Clair said.

As a result of his initiative and commitment to the well-being of Sailors and Marines, he was recently recognized as the command's junior officer of the quarter.

“This recognition is very little about me or my achievements. It really is a recognition of those that have helped and contributed to my growth and development professionally and personally. I stand on the shoulders of giants.

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ARTICLE OF INTEREST

“I AM NAVY MEDICINE—LT DANIEL ST. CLAIR ”

BY: DOUGLAS H STUTZ, NHB/NMRTC BREMERTON PUBLIC AFFAIRS OFFICER

...It's their work in my life that is being reflected here,” St. Clair said, acknowledging that his role as a licensed clinical psychologist and division officer of SARP is crucial to behavioral health and wellness for those in need.

“As much as we try to overcome it, there is still a stigma attached to behavioral health. In my role, I try to normalize the truth that each of us struggles. Each of us have been hurt. We are all human. We need one another. We heal and overcome through relationship with one another. That is where I come in. I try to offer a space where people can simply be. With all their struggles. With all their hurt,” explained St. Clair, noting that his role in SARP – which cared for approximately 6,700 patients last year - is predicated on supporting those in need.

“I help men and women struggling with substance use better understand themselves, the role substances have held in their life, and how it has been/will continue to affect them,” added St. Clair. “I help them find the tools to live a life of sobriety. As SARP director my goal is to help them take control of their life, to see the choices they have and help them achieve the life they desire.”

St. Clair was also specifically selected to deploy onboard the USS Theodore Roosevelt (CVN-71) which returned from a five-month deployment in May into the Western Pacific, on the heels of a lengthy 2020 deployment impacted by a COVID-19 outbreak. He provided acute care, routine care, inpatient care and crisis response mental health services in support for four commands, nine squadrons, and over 5,500 service members.

“I was an individual augment aboard for half the deployment. It was an incredible experience being shoulder to shoulder with the men and women who put themselves out there day-in and day-out. My part was caring for the fleet. I provided psychological services to those who were struggling with behavioral health issues. I provided crisis interventions and also psychoeducation for commands. I assisted the ship psychologist with dispositioning. I spent a lot of time really attempting to help the Sailors settle into the deployment and engage in the resiliency they already had,” related St. Clair.

When asked to sum up his experience with Navy Medicine in one sentence, St. Clair replied, “Grateful for the opportunities to know our Sailors.”



ARTICLE OF INTEREST

FY20 SAFETY LEADERSHIP AWARD

BY: SEAMAN JULIA JOHNSON, USS JOHN C. STENNIS (CVN 74)

The FY20 Safety Leadership Award was presented to U.S. Navy Lt. Michael McKenna, from Ashley, Pennsylvania, by Rear Adm. Fredrick Luchtman, Commander, Naval Safety Center, on behalf of the Chief of Naval Operations, Sept. 29, 2021.

McKenna was awarded for outstanding achievement in leadership excellence in safety and risk management while serving as the industrial hygiene officer aboard the aircraft carrier, USS John C. Stennis (CVN 74).

“The Safety Leadership Award is one of the highest categories of awards you could get for safety leadership” said Cmdr. Matthew Hobert, the safety officer aboard John C. Stennis.

According to Hobert, with such a high-level award, it is important to choose a worthy candidate that has the best chance of receiving it. However, as he and U.S. Navy Capt. Doug Langenberg, the executive officer aboard John C. Stennis, looked through all the potential candidates, it was fairly easy to tell that McKenna was the best choice.

“He does an amazing job of making sure we educate the crew and the personnel that are doing the work related to Refueling and Complex Overhaul (RCOH),” said Hobert. “He has also gone above and beyond what he was required to do in order to prepare for RCOH prior to us coming to Newport News.”

According to McKenna’s superiors, he has been aggressive in making sure the crew and shipyard workers aboard the Stennis are safe as they work



USS JOHN C. STENNIS (CVN 74). (29 Sept 2021) The FY20 Safety Leadership Award presented to U.S. Navy LT Michael McKenna, from Ashley, Pennsylvania, by Rear Adm. Fredrick Luchtman, Commander, Naval Safety Center, on behalf of the Chief of Naval Operations.

throughout the day. McKenna not only makes sure that people are using their personal protective equipment (PPE) properly, he also oversees the sampling of air quality, deck material, and paint material on the ship and monitors the work being done throughout the ship in order to make sure that workers are assigned the proper level of PPE.

Additionally, Hobert stated that one of the biggest ways that McKenna went above and beyond in keeping the ship safe was having a 25-person paint and deck sampling team that the safety department stood up to take 1,377 paint and deck samples. This team resulted in 2,052 bulk samples in order to identify toxic components, like silica, that could be in the materials scheduled for removal from the ship during RCOH.

McKenna also worked with 39 different divisions and production teams to accomplish over 300 hygiene assessments for paint and deck preservation operations that include sampling, as well as training the deck and tile team in how to build containment

structures and prevent toxic materials from reaching the average person breathing the air outside of their space. These assessments also include on-the-job training for the deck and tile team on ventilation requirements and high-efficiency particulate absorbing filters for silica dust.

“The RCOH environment poses a lot of health risks and safety hazards in the work that our teams are doing,” said McKenna. “We have a lot of personnel that are conducting work that they wouldn’t necessarily be expected to perform entering the Navy.

There is an added risk to that, and it’s our job as a safety department to assess those who are doing the work and monitor it to make sure that they have all the tools and resources to perform their work safely.”

McKenna has been working with his entire team within the safety department, as well as the command, to incorporate safety regulations and keep the ship safe within the industrial environment. McKenna believes that the award speaks more to the teamwork of the safety department, as well as the ship, and the work they’ve accomplished together in the last year-and-a-half.

“I have been fortunate to have a great team around me,” said McKenna “And that contributed greatly to this award.”

John C. Stennis is partnering with Newport News Shipbuilding to complete refueling complex overhaul on schedule with a trained, resilient and cohesive crew.

ARTICLE OF INTEREST

MSC OFFICER ELECTED TO PRESIDENCY OF NATIONAL LGBTQ HEALTH NON-PROFIT: LT GRANT



Honolulu, HI, Commander Naval Surface Group Middle Pacific, Pictured: LT Nicholas Grant, Clinical Psychologist.

During the “GLMA: Health Professionals Advancing LGBTQ Health Equality” board meeting at the 39th GLMA Annual Conference on LGBTQ Health, the board of directors elected its 2021-2022 officers, and named LT Nicholas Grant, GLMA President. GLMA is a national 501(c)(3) non-profit organization and the world's largest and oldest association of lesbian, gay, bisexual, transgender, queer (LGBTQ) healthcare professionals. GLMA was founded in 1981 and is committed to its mission of ensuring health equity for LGBTQ and all sexual and gender minority (SGM) individuals, and equality for LGBTQ/SGM health professionals in their work and learning environments.

Over the past 40 years, as the climate and culture have changed, GLMA has become a leader in public policy advocacy related to LGBTQ health. In addition to its annual conference, GLMA continues to develop advocacy collaborations between the leading professional health organizations and utilize the scientific expertise of its diverse multidisciplinary membership to inform and drive advocacy, education, and research. LT Grant was first elected to GLMA's board of directors in 2015 and since that time has led efforts to build more opportunities for students and trainees from various professional healthcare backgrounds, established the inaugural Behavioral Health Task Force, and assisted in the development of GLMA's Committee

on Racial Justice. He is the first naval officer and first psychologist to be elected as President of the organization, and looks forward to using his skillsets from both roles to help lead GLMA over the next year.

LT Grant is a clinical psychologist and the Mental Health Officer at Commander Naval Surface Group Middle Pacific (MIDPAC), where he leads the Embedded Mental Health (EMH) team. The EMH team is charged with the provision of clinical services and the delivery of both training and support programs to all of the warfighting ships stationed at Joint Base Pearl Harbor-Hickam. Part of LT Grant's work includes the supervision of postdoctoral residents from the Tripler Army Medical Center Clinical Psychology Residency Program at the waterfront as part of a joint training collaboration offered to the US Army. Prior to his arrival at MIDPAC, LT Grant completed an abbreviated 22-month tour at Navy Medicine Readiness and Training Command, San Diego during which he served as Division Officer of the Marine Corps Recruit Depot, San Diego, co-chair of the Naval Medical Forces Pacific Transgender Care Team, and chair of the Directorate of Mental Health Grand Rounds Committee.

Prior to his direct commission into the US Navy in 2019, LT Grant served as a clinical psychology subject matter expert at the Defense Health Agency's Psychological Health Center of Excellence. He has completed two fellowships, one focused in LGBTQ veterans mental health through the VA San Diego Healthcare System/University of California, San Diego Clinical Psychology Postdoctoral Residency Program, and one focused on legislative policy as an American Psychological Association Congressional Fellow serving in the Office of US Senator Kirsten Gillibrand, working specially on military, healthcare and LGBTQ federal policy. LT Grant obtained his PhD in clinical psychology at Palo Alto University where he completed his research training at the Center for LGBTQ Evidence-based Applied Research.

MSCs IN FOCUS



Prince Sultan Air Base, Saudi Arabia. (26 Sept 2021). Pictured above (L-R): LCDR Alexander Alba, Emergency Medicine PA; LT Anna VanEerden, PA; LTJG Lauren Schoeppner, PA; LT Corey Smith, Medical Operations Planner/POMI. These MSC officers contributed to SPMAGTF success in USMC operations throughout the United States Central Command Area of Responsibility to include Afghanistan, Iraq, Kuwait and Saudi Arabia.



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MSCs IN FOCUS

POMI CLASS 21-40 GRADUATES



Bethesda, MD. (13 Sep 2021). Pictured above (L-R): HMC Cody Werven; LCDR Derrick O'Neal; Physical Therapist; LT Christopher Wimmer, HCA; LT Brett Burnham, EHO; LT Jesse Thomas, HCA; LTJG Sanders Lee, HCA; LT James Demetriades, HCA (RC); CDR Brent Casady, HCA; LT Adam Aten, HCA (RC); HMC Joshua McFarland; LT Julianne Corcoran, MC; LT Apolinar Ortiz, HCA; LT Jerry Hughes, Laboratory Officer; HMC Riyadh Badrie; LT Arianna Douglas, HCA (RC); LT Carolan Whitney, PA; LT Sierra Nichols, HCA.



Bethesda, MD. CDR Youssef Aboul-Enein teaches about Middle Eastern considerations as one of his last POMI Courses before retiring.



MSCs IN FOCUS



POMI CLASS 22-10 GRADUATES



Bethesda, MD. (18 Oct 2021). Pictured above (L-R): LT Richard Isiorho, HCA; LT Matthew Riley, HCA; HM1 Esoesa Osemwota; HM1 Marcus Jackson; ENS Raymond Chan, HCA; LTJG Deonte Pressley, HCA; HMCS Manolito Batayola (RC); HMC Joseph Gagucas; HM1 Jennifer Hunt; LT Richard Thatcher, HCA; LTJG Nnika Montgomery, HCA; CDR Chad Tabatt, Physical Therapist (RC); LCDR Nathan Vick, HCA (RC); LTJG Samantha Cherry, HCA; LCDR Roberta Orozco, Nurse Corps; HMC Diana Tolosa; HMC Alicia Barkers; LCDR Ester Do, Laboratory Officer (RC); LT Sierra Nichols, POMI; LT Russell Ongkeko, EHO; LCDR Michael Collins, Laboratory Officer.



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MSCs IN FOCUS



Boston, MA. (29 Oct 2021). LT Jenna Jewell, Research Psychologist, atop the main mast of the USS CONSTITUTION while the ship was underway in Boston Harbor as part of annual Chief Heritage week.

MSCs IN FOCUS



JBPHH, Hawaii. Pictured above: LCDR Malia Gonzalez, Industrial Hygiene Officer, Forward Deployable Preventive Medicine Team Six describes specialized FDPMU equipment for the detection and analysis of chemical agents to characterize occupational and environmental exposure pathways to the British Royal Navy medical team. LCDR Michael Austin, Preventive Medicine Officer FDPMU Team Six and LT Hillary Williams, Environmental Health Officer, FDPMU Team Six also observing the brief.

Pictured below: CDR Shani Gourdine, Entomologist, Navy Environmental Preventive Medicine Unit Six discussing entomology services with the British Royal Navy Medical team from HMS TAMAR.



MSCs IN FOCUS



JB MDL, NJ. LCDR Hanayo Arimoto, Entomologist, NEPMU 5, San Diego, CA, LT Emmanuel Adomako, Medical Logistics, EMF-A, NMRTC Camp Pendleton, LT Wei Wu, Admin Officer, EMF-A, NMRTC Camp Pendleton, LT Saidat Ojoye, Environmental Health Officer, NEPMU 2, Norfolk, VA, LCDR Jennifer McLaughlin, Psychologist, EMF-A, NMRTC Camp Pendleton, LT Geoffrey Burgerhoff, Environmental Health Officer, EMF-A, NMRTC Camp Pendleton, LTJG Amy Keller, Patient Admin Officer, EMF-A, NMRTC Camp Pendleton, LT Dale Wolkenhauer, Lab Officer, EMF-A, NMRTC San Diego, LT Michael Kantar, Clinical Dietician, EMF-A, NMRTC Camp Pendleton, CDR Korrina Donald, Physician Assistant, EMF-A, NMRTC Camp Pendleton.

Got photos?

*Route your requests via your chain of command
and send them to the
Corps Chief's Office with
the following information:*

- 1. Location & Date of picture**
(Example: San Diego, CA. Jan 2021)
- 2. Rank/Full Name/Specialty**
of all Officers in picture
(Example: LCDR Jane Doe, Healthcare Administrator)
- 3. Suggested caption**
(Please keep short and concise)



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MSCs IN FOCUS



Kauai, HI. NMRTC Pearl Harbor site visit to Barking Sands Medical Annex on Pacific Missile Range Facility. Naval Health Clinic Hawaii has returned the Barking Sands Annex to the installation for continued support of operational medicine. Pictured (L-R): LT Anthony Ochiltree, Materials Management (MedLog); CAPT Craig Vass, Chief Nursing Officer, Nurse Corps; CDR Shani Henry, Director for Administration, HCA; LT Karen Maldarelli, Facilities Management, HCA.



Rota, Spain. Pictured left (L-R): LT Kyna Pak, Psychologist, USNMRTC Rota and LT Jasmine Rose, Social Worker, Naval Mobile Construction Battalion ONE attend the 246th Navy Ball held at the Plaza de Toros de la Real Maestranza de Caballeria de Sevilla. Plaza de Toros Seville is the largest bullfighting arena in Spain. LT Rose is currently deployed to Camp Mitchell, NAVSTA Rota.

MSCs IN FOCUS



Fort Pickett, VA. Naval Medical Center Portsmouth's Medical Service Corps Officers deployed with Expeditionary Medical Unit (EMU) Juliet provide crucial expertise in support of the Operation Allies Welcome (OAW) mission. The EMU and International SOS Healthcare professionals work as a collaborative team to provide medical screenings in accordance with USCIS I-693 Immigration Medical Exam to the Afghan evacuees on Fort Pickett, VA. The medical team has conducted over 6,000 medical screenings and provided more than 46,000 vaccines to the Afghan population desiring to resettle in the United States. Pictured above

Top Row (L-R): LT Gilliam, Pharmacist; LTJG Kivlehan, Patient Administration; LT Conley, HCA; LCDR Favard, TFS Cell/Logistics. Bottom Row (L-R): LTJG Naylor, HCA; LCDR Eckard, Operations; LT Shea, Supply Officer; CAPT Freeman, OIC; LT Moffitt, HCA; LT Whiting, MSC, FDPMU-5; LTJG Newman, TFS Cell; LTJG Ismail, Lab.

Share your photos, sea stories, and BZs to **THE RUDDER**

Submit them through your chain of command to: [MSC Corps Chief's Office](mailto:usn.ncr.bumedfcbva.list.msc-corps-chiefs-office@mail.mil)

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IN MEMORIAM



LISA McWHORTER COMMANDER, MEDICAL SERVICE CORPS UNITED STATES NAVY, RETIRED 6 JUNE 1956 - 21 OCTOBER 2021

It is with deepest sympathy that we announce the passing of CDR (Ret.) Lisa K. McWhorter, 65 of Suffolk, VA on October 21, 2021. She was a devoted officer, mentor and leader and a highly respected member of the Biochemistry community and Medical Service Corps (MSC).

She was the daughter of the late Martha "Hope" Byrd McWhorter and Thomas A. McWhorter of Oak Ridge, TN. She is survived by two sisters, Lessie Drabek of San Diego, CA and Barbara Whitt of Oak Ridge, TN, and an extended family. Lisa was born and raised in Oak Ridge, TN. She graduated from Oak Ridge High School, earned a BS in Biology from Transylvania University in Lexington, KY, and an MS in Pharmaceutical Chemistry from Ohio State University. After graduation, Lisa joined the Peace Corps, where, for 2 years, she taught nursing students in Zaire, in their official language, French.

In 1984, Lisa joined the US Navy as a Hospital Corpsman. She attended Officer Indoctrination School in Newport, RI and was commissioned as a Lieutenant Junior Grade in the MSC with a sub-specialty in biochemistry. Her naval career included, but was not limited to, 2 tours at the US Naval Academy in Annapolis, MD, Commanding Officer at the Navy Drug Screening Laboratories in Jacksonville, FL and San Diego, CA and 2 tours as the Navy and Marine Corps Drug Testing Program Manager in Norfolk and Portsmouth, VA.

Lisa retired as a Navy Commander in 2012 after 28 years of service. In retirement, she continued to work as a civilian inspector for the National Laboratory Certification Program and remained active in The Society of Forensic Toxicologists. Lisa loved to travel and in 2015, she became a tour guide for Women Traveling Together (WTT), conducting tours in the US, Europe, and Central America. She was a supporter of all people and cared about preserving the planet for future generations. She was the "voice of reason" in her family and was highly respected for her diplomacy. In each of her endeavors, Lisa made life-long friends who share a deep love and respect for her. She will be missed by them all.

A memorial service will be scheduled in Oak Ridge, TN at a later date. Memorial contributions may be made to The Nature Conservancy or Pulmonary Fibrosis Foundation. www.sturtevantfuneralhome.com

Obituary Link: [Lisa McWhorter Obituary \(2021\) - Suffolk, VA - The Virginian-Pilot \(legacy.com\)](https://www.legacy.com/us/obituaries/virginian-pilot/obituary.aspx?n=lisa-mcwhorter&cat=obituaries)

September 2021 Brain Twister

****DOUBLE WINNER EDITION****

CDR Alexander Aldana, MSC, USN

Installations and Logistics, M41 Facilities

Bureau of Medicine & Surgery





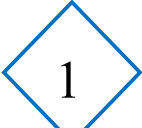

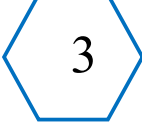





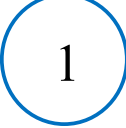





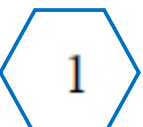
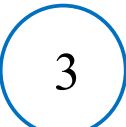
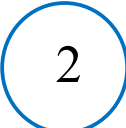




&

LT Russell Evans, MSC, USN

Network Operations and Technology (Student)

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Scan/email your answers (or ask for hints) to: clark.hartley@navy.mil.

The winner will be recognized in the next edition of *The Rudder*.

October/November 2021 Brain Twister

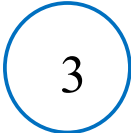

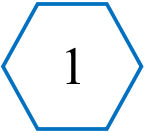


By: LCDR Clark Hartley

“Can you Combi-ku?”

RULES:

1. Each horizontal row and vertical column should contain different shapes and different numbers
2. Each square will contain one number and one shape.
3. No combination may be repeated anywhere else in the puzzle.



 3	4	5	2	 1
1	5	3	4	2
2	3	 1	5	4
4	1	2	3	5
 5	2	4	1	 3

Scan/email your answers (or ask for hints) to: clark.hartley@navy.mil.

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U.S. NAVY MEDICAL SERVICE CORPS

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The Medical Service Corps supports Navy Medicine's readiness and health benefits mission. It is the most diverse Officer Corps in Navy Medicine with 31 specialties organized under three major categories: Healthcare Administrators, Clinical Care Specialties, and Healthcare Scientists. There are over 3,000 active and reserve MSC Officers that serve at Military Treatment Facilities, on ships, with the Fleet Marine Force, with Seabee and special warfare units, in research centers and laboratories, in a myriad of staff positions with the Navy and Marine Corps, and with our sister services around the world.

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